

1 F-1002 /1/A

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Richard Wright D ID# 187140 Date of Birth:	ate of Request: La II une 05
Nature of problem or request: Poping and s	15 Aug 67 Location: 9-B-(seg)# 904 Stiffness in goints, ill Far Acre Medication
- Follow-up treatment, Head	dache's and blured
Vision.	Rull teleffelt Sa
	Signature
DO NOT WRITE BELOW	V THIS LINE
TR	RECEIVED Date: 6-6-65 Time: 9'15 Receiving Nurse Intials
(S) ubjective: Pain and stifferers it slap and hips. Headaches you Medication revenued.	in painty in wrists, and
(O) bjective (V/S): T: 97,8 P: 12 BM alut it oriented x 3, Required flue and stiffness to paint	R: 18, BP: 192 WT: 171 to refell of our medication. (%)
(A)ssessment: altration in comport.	
(P)lan: Lo HCU or Lucylay 6. On appeinment with be	Rayapati 8:60 au for
Refer to: MD/PA Mental Health Dental Daily CIRCLE ONE	
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- · · · · · · · · · · · · · · · · · · ·	Yes () No CONFIDENTIAL RECORNOT TO BE PHOTO COPIED
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Print Name: Richard W Wright, Sr. Date of Request: May 12, 2005 ID# 187140 Date of Birth: Aug 15, 1961 Location: 9-B (seg) Nature of problem or request: I was advised by the dental examiner to sign up for a dental appointment, would you assign me an appointment. I need to see the doctor concerning frequent head ache, blured vision, poping and stiffiness in joints razor bumps and Skin irritation in beard area. Richard W Wright du. Signature
DO NOT WRITE BELOW THIS LINE
- 5 11 15
Date: 5 12-105 Time: 1635 AM FM Allergies: 7.B. 5km for Tylencel RECEIVED Date: 5-12-05 Time: 13.35 Receiving Nurse Intials
(S)ubjective: I heed to see the factor bad"
(O) bjective (V/S): T: 97 P: 87 R: 24 BP: 1380 WT: 176 Ob painful pands, headaches prequest ont for share bumps her current profile for sharing currently on (A) ssessment: (A) ssessment:
buyes has curent profile for sharing and for share
(A)ssessment:
was part with
(P)lan: See Or Payspath 5-16-55 Or an (E) continued to proper to the second to the s
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE Check One: ROUTINE () EMERGENCY () If Emergency was PMS supervisor notified: Yes () Was MD/PA on call notified: Yes () NOT TO BE PHOTO COPIED
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GI F-1002 (1/4)



Print Name: Richard W Wright Sr. Date of Request: May 1, 2005 ID # 187140 Date of Birth: 15 Aug 67 Location: 9-8 (Seq.) Nature of problem or request: Requested Chest x-ray after having (4) T.B. Skin test resulting in out break of sares, Blured Vision at Unusual times, unexplained head aches, over 20 pound of weight lose and popping and aching in joints and dry Coughs. Richard W. Wright. Sr. Signature DO NOT WRITE BELOW THIS LINE
Date: 5/2/05 Time: 4/3 AM PM Allergies: 4/Pnol Allergies: 4/Pnol Allergies: 4/Pnol Anecda propile for master took. Continuity of the formation of the for
Ocala papila to master lock
(S)ubjective: I'm still having blunned Visitor
(S)ubjective: I m size i law and i l
headache. The doctor gave me something for a curse and it went away but now it is track, my closely for sersoil secause if the bring in sec. (O) bjective (VIS): T: 99,4 P: 62 R: 16 BP: 128/82 WT: 178
a couch and it went away but now it is back, my
il non I notice for bersoyl peroxide because of the bring in face.
(O) bjective (V/S): T: 99.4 P: 62 R: 16 BP: $\frac{128}{82}$ WT: $\frac{178}{18}$
Of 9790 Sat resp loen no distress noted with the skin WID intact face not redon swollen lungs clear bilating (A) ssessment: alter in comfort no cough noted of this time
793
(P)lan: to see In Rayapati on 3-5-05-05 800 Am CONFIDENTIAL EFCORD
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Refer to: MDPA Mental Health Dental Daily Treatment Return to Clinic PRN
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Print Name: Richard Wayne Wright ID # 187140 Date Nature of problem or request: Did the pr Bullock? IF not, would some one Follow in order to receive the a master lock due to blured Vi Ache medication (Benzoyl Peroxide	rescribed glasses	s arrived he procedure dI get a pefill	T Must
Date:/ Time: AM PM Allergies:	REC Date: 5 3 Time: \3\2 Receiving Nur	EIVED	
(S)ubjective: (O)bjective (V/S): T: P:	R :	<u>BP:</u>	<u>W</u> T:
(A)ssessment: (P)lan:	CONFI	ROPESSIONAL DENTIAL TO BE PHOTO	RECORD
Refer to: MD/PA Mental Health Denta CIR Check One: ROUTINE () EMERGEN If Emergency was PHS supervisor no Was MD/PA on call not	CLE ONE VCY () tified: Yes () No	()	ic PRN
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GLF-1002 (1/4)



Print Name: Richard W Wright, Sr. ID # 187140 Date of Birt Nature of problem or request: Requested C (4)(T.B) skin test resulting in Vision at unusual times, unexpla of weight lost and popping and dry Coughs. DO NOT WRITE BEL	achoing in Richard	aches over 1. joints a 1. weight. In Signature	<u>30 po</u> unds
Data			
Date:/ Time: AM PM Allergies:	Date: リースター Time:のしい	CEIVED	
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(O)bjective (V/S): T: P:	R:	BP:	WT:
(A)ssessment:	COINE!	DENTIAL TO BE PHOTO	OCH MED AECONIO Nee ONIO
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GLF-1002 (1/4)



Print Name: Richard Wayne WID# 187140 Nature of problem or request: Did Bullock? IF, not would I Must Follow in order a profile For a master I get a refill For the Cation (Bencoyl Peroxid DO NO)	the pre Some or to receive r lock or acre med le lotion	scribed glas ne inform r e the glas lue to blu li-Rúband	ses arrived ne of the p ses and cor red vision W. Wright, S Signature	here From
Date:// Time: AM PM Allergies:		REC Date: 4- 29 Time:6:00 Receiving Nu		
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Print Name: Richard W Wrig	ht	Date of Reque	est: April a Location: 9B	26,2005
ID#(SHIFF)	_ Date of Birt	n: Kug 12,196	(Location: 15	(Seg)
Nature of problem or request: Req	juested Ch	est x-ray	atter having	(4) 1,b.
Skin test resulting in	, out bree	ak of sores	Blured Visi	on at
unusual times, Un				
Weight lost and popin	<u>ig</u> and ac	thing in b	oints and a	zry cough:
•	•	Richard	W. Winder:	m.
			Signature	
DO NOT	WRITE BEL	OW THIS LINI	E	
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Allergies:		Date: 4-27		
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Was MD/PA o	n call notified:	Yes () No	\circ ()	り
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Print Name: Richard WWright ID # 187140	- 5r	Date of Reque	est: April à	26,2005
ID# 187140	Date of Birtl	1:15 Aug 67	Location: 98	(Seg)
Nature of problem or request: Di d	the ore	escribed a	lasses arr	ived
here From Bullock? IF	Vat' Man	<u>d someone</u>	intorm me	of the
procedure I Must Follo	w in orde	r to recei	ve the glas	ses and
Could I get a profile For to	ra Maste	r lock di	re to blure	d VISION.
Could I get a retill For t	he Acne	Krohake W	males or	<u> </u>
Medication (Benzoul Pero DO NOT	WRITE BEL	OW THIS LIN	Signat u re E	
Date:/				
Time: AM PM		REC	EIVED	
Allergies:		Date: 4-27		
		Time:1313t	25	
		Receiving Nu	rse Intials	
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(S)ubjective:				
(O)bjective (V/S): T:	<u>P:</u>	<u>R:</u>	<u>BP:</u>	<u>WT:</u>
		Mon.	-	
(A)ssessment:		COAL	HOPEGOOD	.1.10-
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Refer to: MD/PA Mental Health		•	Return to Clir	nic PRN
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Was MD/PA or	i call notified:	ies () in	0()	
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OLE 4000 (440



Print Name: Richard W Wright Sr.	Date of Request: 20 Mar 2005
ID# Date of Birth	1: 15 Aug 61 Location: Seq. 1 Doing
Nature of problem or request: I would like	e to Know the finding concerning
the injures I suffered in my	head at bullock, could I get Could I get another perscription
Some medication for head aches.	Could I get another perscription
for face rash due to shaw	ring ,
	Richard W Wingst Du
	Signature 🐧
DO NOT WRITE BELO	
Date: 3/8/10/5	RECEIVED Date: 3-21-05 Times: 0
Time: 1920 AM RM	RECEIVED A CUL
Allergies: Tylerul & TBAkin	Date: 3-21-05
tost	Time: 12.00
	Receiving Nurse Intials
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(S)ubjective: I red someto and share profession (9)bjective (V/S): T: 98'6 P: 51	him has handarho
(S)ubjective:	in a la Come II
in That proper was	The state of
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(9) bjective (V/S): \underline{T} : \underline{V} \underline{P} : \underline{V}	R: (A () BP: / A WT:
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skin why confid lent	alt
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	POR PROPESSIONAL USE CORD
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Walls Edward Can	ily Treatment Return to Clinic PRN
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10 (1/4)



Print Name: Richard W Wright	Date of Request: 2 MAY 05.
ID # 187140 Date of B	Date of Request: 2 MAY 15. irth: 15 Aug 67 Location: 19 Cell (Seq)
Nature of problem or request: Cream	for Shaving rash and
SAVINO Dratile X-MAV	FOR T.B. exposure
7	- Apostii
	Kichael Will Sr
	Signature
DO NOT WRITE BE	LOW THIS LINE
Date: 3 1.3 1.05	
Time:AM PM	RECEIVED
Allergies: NKH	Date: $3/3/25$
	Time: 0600
	Receiving Nurse Intials <u>M</u>
(S)ubjectives rurse I have a ha	sh when my chin it heed the
(5) ubjectives nurse I have a raid add to doctor to look at it, and	I need my shaving propelle
1-78 R-16	,
(O) bjective BP 110/70 P-78 R-16	
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(A) ecocomoner alteration in com	10 t
(A) ssessment: Willauan in Com	70-4
1	
(P)lan: See Mp	
· ·	
Mars.	•
Refer to: MD/PA Mental Health Dental Da	ily Treatment Return to Clinic PRN
CIRCLE O	
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If Emergency was PHS supervisor notified:	VOLUME OF THE VOICE
Was MD/PA on call notified:	Yes () No (NOT TO BE PHOTO COPPED.
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